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# In Defense of De-Persons

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*“We must now collectively undertake a rewriting of  
knowledge as we know it.”*

—Sylvia Wynter

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I want to make a defense of “de-persons.” Because—according to the institutions of the medical-industrial complex—I am one.

I have been diagnosed with several conditions that mean that, at various times, my body, self, environment, and the world do not feel real; i.e., they do not feel as though they belong to me. It’s that I am outside of them, detached, hovering above, it is all unfamiliar, strange, and I cannot lay claim to anything. This is described in the clinical symptoms termed “depersonalization” and “derealization.” The former characterizes a feeling that I am disconnected from my own thoughts, feelings, or body, while the latter describes this same sense of disconnection in relationship to other people, objects, and surroundings outside of myself. The official language of the

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diagnostic criteria in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* is surprisingly poetic: that you “feel like a robot,” or that “your head is wrapped in cotton,” or that “you’re living in a movie or a dream,” that the “people you care about... [are] separated by a glass wall.” Depersonalization is about an internal dislocation, while derealization is an estrangement from the external, but both describe a state where things do not feel to be under one’s control, which means they do not feel “real.”

Note the logical leap here from a clinical perspective: that what cannot be controlled ceases to be real. So, is controlling reality what determines that it is real?

A defense of de-persons asks about this relationship between control and reality, but it locates the crux of the question not at the site where these might converge within an individual, as if that place were a neutral, ahistorical ground each of us stands on. A defense of de-persons worms its inquiry into the soil. Who works that land? Who owns it? Who has claimed it as their own despite who else might be standing there?

I am not a representative for a specific kind of experience; I am *presentative* of it. That is, I’m doing it right now, in front of you and myself. I am a proponent of aporia: thinking with holes in it, thinking that contradicts itself, that circles back, that reveals the knotting and fraying and reweaving of an argument so that it contains all of its digressions, dead ends, detours, so that you can see them, and so that I won’t forget how I got here. It’s a way of marking movement, where I’ve been, where I aim to go. It marks my address, both the place at which I live, and from where I speak to you. My address is from the position of a de-person, which means it’s an affirmation of messiness, a testimony of and to disorder, an honoring of incompleteness.

A defense of a de-person could be said to be an embodiment of incompleteness, a demonstration of wayward think-

ing, a performance of *un*-comprehension, a refusal of mastery at all.

To define something is the act of fixing it, limiting it, establishing the boundary around it. It's from the Latin "*definire*": "to set boundaries to." It draws a line, determining what's enclosed within this boundary and what is not, orienting an inside and outside.

To claim is to insist on the truth of something—a statement, a monetary value, a piece of land, a right, an ownership. Claim comes from the Latin "*clamare*," which means "to cry out." How gorgeous, that urgency, that desperation, the many reasons one might be compelled to cry out, to insist on their truth.

There are many ways a thing can be defined or claimed, but I'm most concerned with the question of whether this happens to a thing or is initiated by itself. Does it have a self? Does it *own* a self?

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My diagnoses come from doctors who follow the guidelines of the American Psychiatric Association (APA), which bases its conclusions on the DSM. This means that the APA and the DSM are the institutions that have had the most influence in my life in terms of how my personhood has been perceived, constructed, consolidated, policed, and immured by the medical-industrial complex, which means that my personhood as such had been defined—claimed, controlled—and had its reality made by them.

There are many ways to talk about "personhood," and many of them are discourses about what *isn't* personhood, *who does not qualify* to be part of that category, and why. If I'm going to wander around personhood, I've got to reckon with universality, because universality is the foundation for how we construct "persons" at all. It's the bedrock beneath the boundaries that are inscribed, the claims that are made.

Sara Ahmed explains it: “The universal is a structure not an event. It is how those who are assembled are assembled. It is how an assembly becomes a universe... The universal is the promise of inclusion... Universalism is how some of us can enter the room. It is how that entry is narrated as magical; as progress.”

I am guilty of hoping for such magic. I’ve played the game of universalism, as we all have; it’s the main game in town, has claimed all the soil we stand on.

But this is me trying to get out

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In December 2015, I had a dissociative panic attack for the first time in three years without my medication on hand. It was in the Copenhagen aquarium called Den Blå Planet, which has been designed to make one feel as though underwater—stupid of me to forget my meds, especially because for twenty years I’ve had the recurring nightmare of being underwater in an ocean of black water. One enters Den Blå Planet as though being submerged into a sea cave. Inside, there is only dim, blue light. Silhouetted shadows of fish, sharks, and whales are projected onto the ceiling. One can peer up at them circling overhead. The lapping, sloshing sounds of water stream from hidden speakers, but they are mostly drowned out by the voices of children running around, darting like little fishes.

In the bathroom, where I waited for the attack to pass, the only thoughts in my brain were “*thing, thing, thing.*” There was blue—blue paint on the wall of the stall?—which equaled “thing.” Each time the door slammed, it was with such ferocity that “my” body felt ripped—into two things, three, many. The sound of the hand dryer, even more forceful and splitting—*thing, thing, thing.*

Language breaks down (I cannot speak or understand what is being spoken to me during these states) but not because it

*about what I watch others feel in videos on the internet—their wars, their celebrations? Should we be like the water? Should we sink into the deep together or stay on the surface so as to spread out? What possible stone could there be for us? What I mean is, can it be political?*

never existed, or because it is nothing, or because it seems inadequate in a postmodern way, but because it *uncreates*. As Simone Weil puts it, decreation is “to make something created pass into the uncreated.” Something that had been created—something that had created me—has passed into its twinned shadow state. No longer is the first-person intact; the “I” dissolves, and all the boundaries around everything that have hitherto contained them are drained of their solidity.

A few years before this, I’d finally sought treatment for these episodes. They’d been happening to me since I was a child. I’d launch myself out of the room, the house, or crouch in a corner, hide in the bathtub, tears flowing like the waters of Lourdes, unhooked from my body and agency while I thrashed against the parts of me I could no longer move, and hours would pass until someone found me or I became locatable to myself again. After getting diagnosed with depersonalization/derealization disorder, the therapist I was assigned to see, in what was one of the best strokes of luck I’ve ever been granted, shrugged away the pathology I was now attached to and offered another approach. She said, “In another time, in another culture, you’d simply be considered a mystic.”

I wonder what happened to that time, that culture. Where did they go? What purpose has it served to remove them from the here and now?

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Self-possession and self-mastery are the most legible and preferred forms of selfhood within a society built upon the ideology of possession. What the DSM and APA configure, and warn against, as a “loss of self control” can be read as a refusal of the mastery and wholeness that most of our society is built on, what Fred Moten and Stefano Harney have called “the object/ive of enlightenment self-control.” That one cannot possess one’s own self, it follows, precipitates the necessity of a

society that can do it for you. In turn, this instantiates the construct of a self in ownership of itself as what is the most—the only—acceptable kind of person.

The concept of the “person” that has been defined and claimed by universality is one that promises self-determined completeness, wholeness, and power. In other words, that which can be both mastered and *the* master.

This makes me think of the many books I’ve read on healing trauma, all of them written by white doctors, that inevitably tell me that I have to regain a sense of “self-mastery” if I want to live a “productive” life. In the bestseller *The Body Keeps the Score*, Dr. Van der Kolk asks, and then attempts to answer, the question: “How can people gain control over the residues of past trauma and return to being masters of their own ship?”

Did no one stop and think about using the word “master” in the same sentence as “ship”?

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Many of the conditions in the DSM are characterized as disorders, not diseases, and it’s important to note the clinical difference between the two. It comes down to what’s called “etiology,” which is the cause for something. If the etiology is known, it’s a disease. If no one has a clue, it’s a disorder. So, embroidered into their own system of classification is the APA’s acknowledgement of both the failure and recursivity of its system. They’ve built in a kind of disclaimer for how they will recognize and validate your experience, and it is based entirely upon their own rules of what they deem recognizable. It has nothing to do with how you might recognize, or feel validated within, or define, your own experience.

The clincher for all disorders and diseases, in terms of psychiatry—that is, when you go from being “well” to “ill”—is when symptoms “impair the individual’s ability to function normally.” When the normative stops performing is when

have privilege is also the extent to which such an individual can be private.

Fred said, “Privilege is a radical *incapacity* for sociality.”

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The affirmation of de-person-ness that I’m proposing is not so much a refusal of individualism, of discreteness, of personhood as such, but rather: an affirmation of *indiscreteness*, of a tremendous indiscretion. De-governable, de-master-able, de-possessed, de-owned, de-owning, de-private, de-privileged, de-individual.

The political manifestation of this, I think, is a radical sociality. Rather than one universal throne in a room with all of us scratching at the door to be let in, there could be a bunch of chairs strewn all over the place for everyone to sit in.

Which will certainly be a big fucking mess.

Fred also said something that I’ve done my best to live by: “Work is simply the document of a practice. And the document should never be more important than the practice.”

Let’s try it?

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*I once had a therapist who practiced zazen meditation. She was in her sixties or seventies, wore all black, round glasses, and had shaved her white hair to her scalp. She wrote poetry. She took no shit. She told me that one day I could hope to watch my emotions flow by me like a river. I’d be the stone in the river, and they’d sluice by: there goes joy, there goes sorrow, it would all flow. It sounded great at the time—not to be so tossed, to stay rooted even while getting wet.*

*But can this analogy scale up to include other people’s emotions to which I bear witness, participate, hold? What about watching someone having a panic attack on the bus? What*

“Capitalism objectifies the body. It views the body as an exploitable resource and attempts to render it indestructible and unstoppable with the aid of technology... And yet as advanced capitalism has deemed the physical body an obsolete, outdated tool, the body still remains. It continues to fail under capitalist conditions and gets pathologized as illness. The body is another inconvenience that must be enhanced and optimized.”

The second tenet the de-person antagonizes is the promise that neoliberalism can reduce everything, including the decision to survive, down to personal choice, a matter of willpower, and a problem the market can solve.

In neoliberalism, “wellness” is a prevarication: it usually stands in for “life,” but life in terms of wealth, race, power, and, primarily, *ability*. Wellness in this context is paradoxically both an innate moral virtue and an individual’s own responsibility to maintain.

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In the fall of 2015, I was a research fellow in a project called *at land’s edge*, under the mentorship of Fred Moten. I’d sent him an early draft of “Sick Woman Theory,” and we met twice for coffee while I was working on this essay. In that wonderfully generous way that Fred has at destabilizing the presumptions you don’t know yourself to be making, he gently suggested that “Sick Woman Theory” had set up another cruel optimism of a humanism, making a discrete new kind of universal subject. At the cafe, when he said that, my stomach dropped because I knew he was right. Over the years, I’ve noticed how often I have wanted the universal to consolidate my individuality, when what makes more sense is to simply be okay without it.

In our meeting, Fred pointed out that the etymological root for the words “privilege” and “private” is the same. It’s from the Latin “*privus*,” which means “individual.” That an individual can

psychiatry intervenes. But nowhere in the DSM is a definition of “normal”—and you’d really think there would be, since so much in its 991 pages seems to rely upon it, and what it is not.

In terms of depersonalization/derealization disorder, the DSM-5 has a little moment where it locates itself within the United States and its imperial horizon with the following passage about “Culture-Related Diagnostic Issues”: “Volitionally induced experiences of depersonalization/derealization can be a part of meditative practices that are prevalent in many religions and cultures and should not be diagnosed as a disorder. However, there are individuals who initially induce these states intentionally but over time lose control over them and may develop a fear and aversion for related practices.”

Then, the following is offered as a “risk and prognostic factor”: “There is a clear association between the disorder and childhood interpersonal traumas in a substantial portion of individuals.... In particular, emotional abuse and emotional neglect have been most strongly and consistently associated with the disorder.”

Aside from emotional abuse and neglect experienced in childhood, the DSM has little to say beyond this passage on symptoms that can be correlated to a cause; that is, *why* someone might experience such feelings. The extent that they allow trauma to reach is only interpersonal—never intergenerational, institutional, societal, political—yet it seems to me that the list of reasons why someone might feel that themselves or their world is not real is far more explicable by phenomena that go beyond the interpersonal.

I think of the residents of Flint who had no control over whether they were in possession of the most basic resource needed for their life to be sustained—water fit to drink. I think of Joyce Curnell, a 50-year-old Black woman who died in the Charleston County Jail because she was not given any water, despite repeatedly asking for it. The article about the lawsuit filed on behalf of her family describes her spending the last

twenty-seven hours of her life in jail, where she became too sick to eat or call for help. “She vomited all night and couldn’t make it to a bathroom, so jailers gave her a trash bag.” Instead of possession of her life, the police gave her a trash bag.

It seems to me that it would feel wholly unreal to live in a society that does not secure water fit for you to drink, that lets you die in a prison cell holding a trash bag full of your own vomit.

As we saw in the clause about “volitionally induced experiences,” the main problem arises when *control is lost*. However, the agency of the individual person is the primary measure for what kind of control is at stake: the DSM and APA are only concerned with *self-control*—not the loss of control, freedom, or agency as it can be affected, granted, rescinded, and mitigated by the state.

When we confront the implications of these examples, we can see the state as a mechanism that *creates* depersonalization. It detaches one from their surroundings, puts the people they care about on the other side of a wall, makes the world a movie or a dream—this cannot possibly be happening, this cannot be real. It is a device that simultaneously produces and perpetuates de-personhood while negating the possibility of self-control.

So, is this a disorder (cause unknown) or a disease (cause known)?

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I’d like to ask the APA: What about depersonalization when the state has made you that way, has removed your agency from yourself, has taken over the control of how you are identified and thus legitimized? What about derealization when the state has detached your environment from you, dispossessed you of your land, or turned your surroundings into something unbearable, something that cannot possibly be real?

“The self-determined thing cannot be so if it emerges *in a relationship*,” Denise Ferreira da Silva writes, emphasis mine, and she has proposed to call those who’ve been determined by such relationality “no-bodies.” Neve Maziq-Bianco has called them “invisible theorists.” I’ve called them “Sick Women.” Moten and Harney have traced a territory where they reside called “the undercommons,” and named a co-present condition for some in that territory as, simply, “blackness.”

My main question here is: for those who are *not*, for those who have emerged *in relationship to* rather than via self-determination, for those who are particular and sometimes nowhere rather than universal, for those in the undercommons, for us “invisible theorists” and for us “no-bodies,” how does the *affirmation* of *de-person-ness* offer a new form of political agency?

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In capitalism, the primary purpose of one’s life—both ideologically and materially—is to accumulate value. This is done through one’s labour but of course primarily relies upon the exploitation of the labour of others and various resources of all kinds. As Silvia Federici has argued, such exploitation requires an *accumulation of differences*, beyond Marx’s “primitive accumulation” of natural and labour resources, to justify itself: self/other, white/black, male/female, society/nature, us/them, life/death.

Within such a system, the person who is unable to labour because of their *difference from the normatively ableist well* is considered not only useless because they cannot work to accumulate value, but they also stand in direct opposition to two important tenets of capitalist ideology. The first is the premise that capitalist technology can take command of the body. As Carolyn Lazard has written: